

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 896264

FILING DATE

ATTACHMENT

9/12/5 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1					1	
2					1	
3					1	
4					1	
5					1	
6					1	
7					1	
8					1	
9					2	
10					2	
11					1	
12					1	
13					1	
14					1	
15					1	
16					1	
17					1	
18					1	
19					1	
20					1	
21					1	
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL REQ.			↓	↓	1	↓
TOTAL REQ.	←	←	←	30	←	←
TOTAL CLAIMS				31		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL REQ.			↓	↓	1	↓
TOTAL REQ.	←	←	←	←	←	←
TOTAL CLAIMS						